TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
CONSULTANTS IN PAIN MEDICINE

Respondent Name
MITSUI SUMITOMO INSURANCE USA

MFDR Tracking Number
M4-18-0248-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
September 28, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "...it seems that 80307-G0481 denied in error. Please not that code 80307 was implemented on 01/01/17 by Medicare... Claim should not bundle with another service or procedure."

Amount in Dispute: $300.09

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "...CPT Code 80307 required a modifier when billed by a medical doctor. Box 31 reflects that it was billed by a medical doctor. With respect to G0481, the service was once again denied for reimbursement because it was not payable to a physician in an office setting. The provider is not entitled to reimbursement."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF DISPUTED SERVICE(S)

Date(s) of Service	Disputed Service(s)	Amount In Dispute	Amount Due
June 13, 2017	80307 and G0481	$300.09	$230.02

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets out the fee guidelines for reimbursement of professional medical services provided in the Texas workers' compensation system.

3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - P14 – Payment is included in another svc/procedure occurring on same day
   - 4 – Required modifier missing or inconsistent w/proc
   - RP3 – CMS statutory exclusion/svc not paid to physicians
   - W3 – Additional payment made on appeal/reconsideration

Issue(s)

1. Are the insurance carrier's reasons for denial or reduction of payment supported?
2. What rule is applicable to fee calculation?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The requestor seeks reimbursement for CPT Code 80307 and G0481 rendered on June 13, 2017. The insurance carrier states in their position statement, "CPT Code 80307 required a modifier when billed by a medical doctor. Box 31 reflects that it was billed by a medical doctor. With respect to G0481, the service was once again denied for reimbursement because it was not payable to a physician in an office setting. The provider is not entitled to reimbursement."

   Review of the National Correct Coding Initiative Procedure-to-Procedure (PTP) from the Centers for Medicare and Medicaid services at www.cms.gov found no edits exit between codes G0481 and 80307.

   CPT Code 80307 is defined as "Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LCMS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service."

   HCPCS Code G0481 is defined as "Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed."

   The NCCI Policy Manual, Chapter 10, Section E (Drug Testing) also at www.cms.gov states,

   > *Beginning January 1, 2017, urine drug presumptive testing may be reported with CPT codes 80305-80307. These codes differ based on the level of complexity of the testing methodology. Only one code from this code range may be reported per date of service.*
   >
   > *Beginning January 1, 2016, urine drug definitive testing may be reported with HCPCS codes G0480-G0483. These codes differ based on the number of drug classes including metabolites tested. Only one code from this code range may be reported per date of service.*

   The Division finds that based on the above, the insurance carrier's denial reasons are not supported. The service in dispute is therefore reviewed per applicable fee guidelines.

2. The service in dispute is subject to the provisions of 28 Texas Administrative Code 134.203 (e) which states in relevant part, The MAR for pathology and laboratory services not addressed in subsection (c)(1) of this section or in other Division rules shall be determined as follows:

   > (1) 125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule for the technical component of the service; and,
   >
   > (2) 45 percent of the Division established MAR for the code derived in paragraph (1) of this subsection for the professional component of the service.

   Procedure code G0481, service date June 13, 2017, represents a lab service paid per Rule §134.203(e). The Medicare Clinical Lab Fee is $122.99. 125% of this amount is $153.74. Therefore, this amount is recommended.

Procedure code 80307, June 13, 2017, represents a lab service paid per Rule §134.203(e). The Medicare Clinical Lab Fee is $61.02. 125% of this amount is $76.28. Therefore this amount is recommended.

3. The total allowable for the service in dispute is $230.02. The carrier previously paid $0.00. The requestor is due a payment of $230.02.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $230.02

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor $230.02, plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this order.

Authorized Signature

		November 10, 2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.